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THE

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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XII. HALIFAX, NOVA SCOTIA, APRIL, 1900. No. 4.

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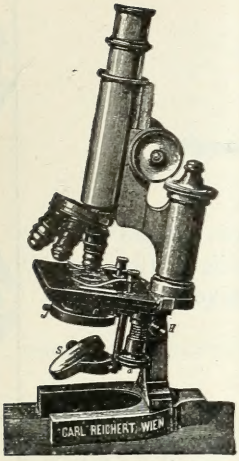

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VOL. XII. HALIFAX, N. S., APRIL, 1900. No. 4.

Original Communications.

HEADACHE.*

By ANDREW HALLIDAY, M.B., C.M., Shubenacadie, N. S.; Lecturer on Biology, Dalhousie University; Lecturer on Pathology, Halifax Medical College.

Two or three years ago I discussed the subject of Headache before the Medical Society of Nova Scotia, but I venture to bring it up here again, for several reasons, the first being that I was dissatisfied with the incompleteness of my former investigations into the subject, the second that my attention was again called to the matter by report of a discussion on Headache in one of the sections of the British Medical Association at the meeting last year. It is an analysis or criticism of that discussion which will form the subject matter of this paper.

Lauder Brunton in an opening paper says that in considering the pathology of headache we have to consider two things. (1.) General condition. (2.) Local condition. The general condition renders the patient liable to the pain, and the local determines that it should be in the head rather than in any other part of the body.

We find headache very common in imperfect nutrition. But in apparently healthy people we find that headache comes on now and again with more or less regularity.

Thus it would appear that in many such people there is a tendency to disordered nutrition occurring with more or less regularity, and such patients are accustomed to recognise this in themselves, and to say that

* Read at meeting of N. S. Branch British Medical Association, March 14th, 1900.

they are apt to become bilious. The nature of the alternation is hard to determine, because our knowledge of nutrition generally is insufficient.

Brunton mainly associates all this with the liver. He points out that the liver is the porter at the gateway of the system stationed there to prevent injurious substances which have been absorbed from the intestines from reaching the general circulation. The substances are detained there, either destroyed, transformed or excreted by it unchanged into the intestines. Some may thus pass away in the fæces, but some may be reabsorbed, and so they go the round from intestine to liver, and liver to intestine until the amount may become so great that the liver is no longer able to deal with it and they pass out into the general circulation.

It would appear as if there was a certain period required for this accumulation. The period differs, and this even in the same individual, but will be shorter when he is fed on a highly nitrogenous diet.

This action of the liver is demonstrated by the fact that double the quantity of strychnine, veratrine, morphine, etc., is required to kill an animal if injected into the portal vein than is necessary to do so when injected into the jugular, and three times as much curara is required.

It has the same effect on peptones and ptomaines, compound ammonias and weak acids.

It has been shown that albumoses and peptones may act as powerful poisons but for this so-called "sentinel action" of the liver. By putting a man then upon a non-nitrogenous diet you lessen the proportion of these substances and so increase the intervals between the headache more and more.

Absorption from the liver is greatly altered by emotions. So much is this the fact that sometimes after emotions a person may become completely jaundiced.

Therefore, we should expect that anything which was circulating with the bile in the liver would be rapidly absorbed in consequence of emotion. We find that anxiety and other depressing emotions are apt to bring on headache. We have, therefore, good reasons for attributing many headaches to the presence of abnormal constituents circulating in the blood, and experience has shown that this is so since we are able to relieve headache by a mercurial cholagogue followed by an aperient saline.

So much for the general condition of poisoning by toxins, but there are other injurious substances even less known. Many of them are

classed under the head of uric acid and certain substances connected with gout and rheumatism, and are very apt to produce headache. But why do these cause trouble in the head more than anywhere else? The reason is in many cases a local lesion, eyes, decayed teeth, etc.

Headaches, especially migraine, may be accompanied by various other symptoms. In ordinary cases migraine depends upon some spasm of the vessels outside the head, but not infreqrently there may be spasm of vessels inside the head and then the functions of the brain may be affected. If spasm of the middle cerebral artery and its branches occur, symptoms will follow which depend upon the position of the spasm. If the occipital lobe be deprived of a great deal of its blood visual troubles will probably ensue—e. g., hallucinations, zigzag bodies, etc., etc.

We rarely have derangements of taste or smell, so that probably contraction of the vessel stops nearly opposite to the ascending parietal branch.

On these etiological points Brunton founds his treatment, the object being to clear away these products and supply the brain with healthy blood.

1. (*a.*) R. Pil hydrarg.
   (*b.*) R. Haust. Nig.

To counteract the toxins and get rid of them by the liver he advises:

R. Sod. Salicyl, - - - - - - - gr. 15 to 30.
   Pot. Brom., - - - - - - - - gr. 10 to 30.

He recommends this at night and if the headache should still come on he recommends that it should be repeated. To counteract depression he adds 30 minims sp. am. aromat.

Brunton also calls attention to the use of antipyrin, phenacetin, etc. He points out that painful impressions do not pass to the cerebrum straight up, as a rule, because pain is largely conducted up the central column of the cord and not up the straight fibres which conduct tactile sensation. These drugs distribute the sensation so that it gets broken up in the cord and does not reach the centre for pain unless very severe. Caffeine, which is much used, acts rather on the posterior columns. Brunton also speaks of morphia and cannabis indica. Lastly, he refers to the value of potassium iodide in gouty, rheumatic and syphilitic cases.

Clifford Allbutt discussed the subject, but stated that contraction of blood vessels in an area for a few hours was not attended with pain in that area.

Dr. Campbell agreed with Brunton in most of his remarks. He called attention to three kinds of headache:

1. Migraine: this headache could be removed by the kind of treatment suggested by Dr. Haig in a certain proportion of cases only; others continued unabated in spite of vegetarian diet and salicylate of soda.

2. In organic headache he recommended very large doses of potassium iodide, e. g., ʒi three or four times a day.

3. Neurasthenic headache. As a type he would take the climacteric headache in women. This he believed to be essentially toxic. Climate played an important part in the treatment of headache.

Dr. Herschell, whilst agreeing with Brunton as to the influence of toxins in producing headache, pointed out that in addition to the defective action of the liver in admitting them into the general circulation there might be an excessive production. This occurred in mild degrees of dilatation of the stomach due to atony. Here the stomach retained food for abnormal periods and thus opportunity was given for the excessive production of toxins.

Dr. Haig, whose Alpha and Omega is uric acid, attributed headache, as he does most other things, to excess of uric acid in the blood, and since he has quite a large number of followers, I wish to draw particular attention to his remarks. He divides headaches into three classes:

1. Temporary headaches due to accidental causes, such as injury or fever, which cause alterations of pressure inside the skull or membranes.

2. Chronic headache, which may last for days or months, due to such causes as new growths, neuralgias of inflammatory origin.

3. Paroxysmal or recurrent headaches.

As it is the last class with which I intend to deal in this paper, we may exclude the first two classes from our consideration. With regard to the latter he says:

"The paroxysmal headache tends to return after more or less definite intervals either of weeks or months, for years, often for the greater part of the lifetime of those who suffer from it; but a given attack rarely lasts more than 48 hours. It is therefore at once distinguished from other forms of headache by its history, or in the absence of history in that it lasts less than 48 hours. It has also special characters which serve to distinguish it, namely, it is accompanied by a small hourly excretion of urinary water and a large excretion of uric acid, both relatively and absolutely. The pulse rate during the headache is slow (often below 60) and the blood pressure is high.

The capillary circulation in the skin is slow during the attack and quickens as it passes off, and similarly the defective capillary circulation in the kidney is

the cause of the scanty urine which accompanies the attacks, and the improved circulation is shown by the diuresis which follows it. The paroxysmal headache is here shown (and the demonstration can be made absolute both by producing and removing it at pleasure) to be due to paroxysmal fluctuations in the excretion of uric acid. It can be produced by swallowing definite quantities either of uric acid or bodies of the xanthin group and all of these produce at the same time a large excretion of uric acid in the urine, rise of blood pressure, etc."

The treatment, according to Haig, is accompanied by 1. Avoiding food or drinks which contain uric acid or xanthin; 2. Not taking more nitrogenous food than physiology requires: 3. Clearing out stores of uric acid already in the body.

No. 1 means the avoidance of all animal foods except milk and cheese, and of certain vegetable substances rich in alkaloids (e. g. tea, coffee, etc.)

No. 2 means taking enough albumen to produce 3 to 3.5 grains of urea for each pound of body weight per day, but not more.

No. 3 is generally provided for by change of diet, but occasionally it is necessary to give a course of salicylates to aid elimination.

Suckling, in a paper on the subject of migraine sick-headache, periodical headache, or bilious headache, gives the following views:

1. Etiology. He looks on it as essentially a nervous affection, often inherited, and associated with a family history of gout and epilepsy. So seriously does he look on the disease that he questions the propriety of marriage.

"As to the pathology," he says, "little is really known, but it is probably due to some periodical disturbance in the brain, affecting chiefly the cortex in both sensory and motor areas. It is closely allied to epilepsy, and the subjects of migraine are liable to epileptic attacks," etc., etc.

Predisposing causes. Suckling thinks that females suffer only a little more frequently, but much more severely, than men.

As to exciting causes, he mentions worry or excitement, fatigue, over-strain of eyes or brain, railway travelling, etc., etc.

He considers it "a most formidable affection," and thinks that far too little attention is given to it in text-books of medicine and in practice, and that in many cases it ruins its victims and often absolutely checks their career in life and stops their work. He points out that many people attribute their headaches to liver disturbance and call them bilious attacks, and adds that "it is true that in migraine the liver frequently does not act and that it is easily upset but the headaches are

not caused by liver but by brain disturbances." According to the same author, migraine alternates with other neuroses: (1) epilepsy, (2) epigastric neuralgia, (3) spinal neuralgia, (4) angina pectoris, (5) acute mania. Suckling also gives a most formidable analysis of some 400 cases.

Having devoted so much time, then, to the various theories regarding this disease, I will now proceed to my own beliefs as to the nature of it, and I may state here that in spite of a great deal of reading on the subject, observation of patients, and a little independent investigation, I do not see any reason to depart from those expressed three years ago in the paper I have already mentioned.

I consider migraine, then, to be the result of a tropho-neurosis, or perhaps more accurately neurasthenia, as a predisposing cause, and imperfect digestion dependent on (*a*) an error of diet in kind or amount, or (*b*) diminished secretion of gastric juice, particularly HCl. Prof. Wesley Mills puts this so clearly that although I quoted it before, it will bear repetition:

"In every living organism there is a possible maximum of vital force. In organisms with a nervous system there is a certain similar maximum of available nervous energy; the amount depending on the conditions of the animal at the time—just as with a Danieli's cell, there is only so much electricity generated, even when in the best possible condition, which may be very much less if the conditions of the battery's action are not perfect. If a portion of this electric force be diverted along one conductor, there is so much less left for other possible channels. Thus it is with the nervous system."

Dr. Mills further states: "As is well known, the changes in the cells of the digestive glands dependent on nerve stimulation can be observed microscopically even in the living gland. It is important to have it clearly understood that the changes effected are directly dependent on the nerves and not necessarily on the blood pressure or the blood itself." Let an individual have just so much nerve force to be expended, and that under normal circumstances he can secrete a given maximum amount of gastric juice with a given amount of food. But let worry, excitement, fatigue, etc., divert a certain amount of this nervous energy, the residue may be insufficient for the purpose of secreting this maximum amount of gastric juice, so that if he takes the normal amount of food, part of it will not be digested but will undergo fermentation. On the other hand, let the person have the proper amount of nervous force and gastric secretion, but take an excess of food: the results are obvi-

ously the same, viz., there is not enough gastric juice to digest the food, fermentation takes place, with the production of toxic products, which entering the general circulation, give rise to the symptoms of migraine. From this it will be seen that we are confronted with a physiological equation, viz., normal amount of nerve supply and gastric secretion on the one side, and food normal in quantity and quality on the other. Disturb either of these factors and the physiological equilibrium will be upset.

Being a sufferer from this disease, I have made myself the subject of investigation. In order to ascertain the usual condition of my gastric juice, I took Ewald's test breakfast, with the following results for seven examinations :

I. *Total acidity.*

Greatest total acidity,	= 56
Least,	= 34
Average,	= 38

Ewald gives 40 to 65. So that I am slightly below normal.

II. *Free HCl.* The amount was estimated with a decinormal soda solution and Gunzburg's phloroglucin-vanillin test.

Greatest amount of free HCl.	= 0.175
Smallest " " "	= 0 123
Average " " "	= 0.134

Ewald gives 0.14 to 0.24 as normal.

III. *Organic acids.* In a few instances with Uffelmann's reagent I was able to get a trace of lactic acid, but never any of the other organic acids.

IV. *Ferments.* The proteolytic ferment was always perfectly active, digesting blood fibrine in all instances within an hour when kept in an incubator at about 100° F. Rennet ferment always coagulated milk in a few minutes used according to Leo's method.

But notice how different are the results on examining the gastric filtrate during an attack of migraine.

The following are the results of six examinations :

I. *Total acidity.:*

Greatest,	= 64
Least,	= 35
Average,	= 45

II. *Free H.Cl. :*

Greatest amount,	= 0.065
Least,	not a trace with Gunzburg's test.
Average,	= 0.042

III. *Organic acids :*

Always present in large amounts.

In nearly all instances lactic acid was present in considerable amount : in several the other acids, probably butyric : and on two occasions acetic acids was distinctly evidenced by the smell.

IV. *Ferments :*

Proteolytic and rennet ferments were always present, but compared with those from an ordinary test filtrate they were much less active.

The comparison of the amount of free HCl. is as follows :

I. Normal gastric filtrate :		II. Migraine filtrate :
Least, - -	0.123	Not a trace.
Greatest, -	0.175	0.065
Average, -	0.134	0.042

A further point is that in migraine there is retention of the contents of the stomach for a much longer period than usual. Thus, I have been able to regurgitate 320 c.c. three and a half hours after a meal when not more than 380 c.c. had been taken in all.

In connection with this last statement I would call your attention to what Brunton has said, viz.: that toxins were absorbed from the intestinal tract and retained in the liver, and further that emotion alters absorptions from that organ and that anything circulating in it with the bile would be rapidly absorbed in consequence. In other words Brunton throws the blame entirely on the liver. But how does this account for retention in the stomach of so much of the food and still more how does it account for the abnormal quality of gastric contents ?

I submit that it does not answer the question at all, and while, no doubt, the liver is doing all Brunton claims for it, and attempting as far as it can to lessen the evil effects, still we must not look on the liver as more than a secondary agent, and the primary cause is the error or defect in the digestive process.

In other words the headache may be the result of an abnormal quantity or quality of food, in which case it would be entirely due to the local condition in the stomach, but where it is of a recurrent nature, outside of the local cause, there is probably also a general one, viz.: a neurasthenia or weakness of the nervous system, inherited or acquired, in any case a trophoneurosis whereby the system is unable to supply the nerve energy requisite for the secretion of the necessary amount of gastric juice and particularly its chief constituent HCl.

Nor does this lose its application from the fact that, as Brunton states, cholagogues, etc., are of such use in the treatment, since it simply means the breaking up of the vicious circle, and it matters little at what particular spot this break occurs.

I believe, however, that a better place to break it is, (to alter the metaphor) to destroy the first link in the chain, in other words reduce the quantity and quality of food to the circumstances of the particular case, or give something which will increase the nerve force and bring the character of the gastric juice up to the standard.

In his book "Disorders of Digestion," and still later in "Lectures on the Action of Drugs," Brunton emphasized the giving of potassium bromide and sodium salicylate in such cases. Since writing my first paper on this subject I have tried this treatment repeatedly, but with very unsatisfactory results. I have not found it to act nearly so quickly as many other remedies when the actual attack was "under way," nor yet to act in arresting an attack at its commencement. I have tried, based on my own observation, the giving of dilute hydrochloric acid combined with nux vomica, with more satisfactory results. This, combined with something to keep the bowels moving regularly, I think is the best treatment for migraine.

And now with regard to Dr. Haig's uric acid theory. It seems to me that the symptoms alone contradict it. I must admit that I am rheumatic, but rheumatism is not dependent on uric acid. Again the times at which I feel indications of rheumatism most, viz, just before storms, is certainly not the time when I am afflicted with migraine. Of course they may be concurrent, but as far as I can judge from personal experience, not necessarily so. Why then, if these two conditions are due to the same cause, is it that I may be suffering severely from rheumatic pains, stiff hand, etc. and yet there is no headache, and vice versa, why when I have severe headache do I not also have rheumatic indications?

But further. Nitrogenous food does not bring on an attack of headache, and this I am positive of, as I have actually tested it, but on the other hand milk, especially if at all rich in fats, will most certainly do it. Thus I can eat two eggs or lean meat with no headache, but if I take an ounce of cream I certainly will have it and that in a very short time.

I have noticed that taking an egg at breakfast on days when I feel that headache is coming on will not increase the liability, but milk almost certainly will accelerate its advent. Soups the same way, if not fat. Again Haig denounces the use of tea, coffee, etc. I am just as

positive that a cup of weak tea will often cure a slight attack, while if I took half as much milk at the time I certainly would insure my having a splitting headache. Then a change to a vegetable diet is not a sure preventative. Anything fat is much more liable to give me headache than anything else, and especially pastry, even in very small amount.

Haig also calls attention to the slow pulse and speaks of the retardation of circulation owing to deposit of uric acid in the capillaries. I am just as positive that we may have the most violent attacks of migraine and yet no slowing of the pulse. This I have particularly noticed, both in my own case and that of patients. Neither is it invariably associated with rheumatism as some would have us believe. They may possibly both be dependent on the same cause.

Lastly the urine. I have made a number of examinations of the urine for urea and uric acid and cannot agree with Haig. I cannot discover that there is any constant ratio between the two.

Thus for example :

Quantity.	Sp. Gr.	Urea.	Uric Ac.	
1410cc.	1011	21.33 gms.	.6768	No headache.
1705	1013	20.460	.5797	No headache. Rheumatic pains. Good deal of meat and egg.
1505	1013	21.070	.5419	Headache.
1350	1015	21.600	.540	Dull headache all afternoon.
1850	1011	20.350	.227	No headache.
1865	1007	22.380	.706	No headache.
1135	1012	18.160	.531	Slight headache.

I have taken a good deal of citrate of lithia, which acts as a very efficient diuretic in my case, but it has, as far as I can see, no influence on my headaches.

Modification of Arthaud & Butte's test for estimation of uric acid. —Add to the urine excess of sodium carbonate and filter to remove phosphates : then take a definite quantity of the filtered urine and titrate with the following solution till a precipitate is no longer formed :

Cupric sulphate,	1.484 gms.
Sodium potassium tartrate,	40 "
Sodium hyposulphite,	20. "
Distilled water, to	1000 cc.

1 cc. of solution precipitates, 0.001 gm. uric acid.

To determine completion of the titration, the following indicator should be used :

Potas. ferrocyanide.	1 gm.
Hydrochloric acid,	5 gms.
Distilled water,	50 cc.

Wyeth's

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WHOLESALE AGENTS.

PLACENTA PRÆVIA.*

By J. D. Lawson, M. D., St. Stephen, N. B.

The causes of the error in locating the ovum need not detain us. It is sufficient for our present purpose that the placenta may be placed at any point within the uterine cavity. The accepted normal is at the "equator" or above it. When below the equator the placenta becomes "previous." It then may be lateral, marginal, or central; lateral, when it is partially within the lower uterine segment or "lower zone" but not extending as low as the os internum; marginal, when the placenta is within the lower zone and reaching the os without passing over it; central, or complete, when the os internum is quite covered by the placenta.

The lateral insertion is the least troublesome, as in some cases there is no hæmorrhage during pregnancy. The marginal and the central may cause very serious hæmorrhage.

At one time the hæmorrhage of placenta prævia was supposed to come from the placental surface, and apparently, from clinical experience, there was much to support the supposition. It is now known to come from the surface of the uterus from which the placenta has been forced, and that the sluggish flow of venous blood, from the placental vessels, favors the formation of thromboses, which close them.

Hæmorrhage may take place at any time during the pregnancy: early or at, or near, full term.

As to the causes of the hæmorrhage during pregnancy, there are two theories. According to one, the growth of the uterus is secondary to the stimulus caused by the growth of the ovum: that the parts to which the ovum is attached are not by nature suited to correspond in rapidity of growth; therefore, the placenta overgrows and shoots beyond its site and there is hæmorrhage. It is most common for hæmorrhage to take place at the return of the menstrual term, as there is then a rhythmic and physiological determination of blood to the uterus and placenta. The placenta is overfilled—it is too large to fit its area of attachment—it breaks away at the margin and blood escapes.

The other theory is the more rapid development of the uterine wall than of the placental tissue.

* Read before New Brunswick Medical Society, Fredericton, July, 1899.

In both theories there is the loss of relationship between the placenta and the uterus—a necessary separation—therefore hæmorrhage. I incline to the theory that the first loss of relation is due to the excess in rate of growth and the periodical hyperæmia of the placenta.

As to the causes of the hæmorrhage at or near full term: towards the end of gestation the muscular fibres of the uterus become more rapidly developed, and contractility becomes more pronounced. As is well known to all of us, there are irregular spasmodic contractions of the uterus. This is made known to us frequently by a "false alarm" at the seventh or eighth month. Also how frequently, at full time, the call comes, and no matter how much we hurry, the newcomer arrives before we do. The reason is given by the patient that she did not know just when to send, as she had had pains just as severe, many a time, within the previous six weeks, and they had gone away. I speak of this, which we all know happens in ordinary cases, as one of the probable causes of hæmorrhage within the last six weeks of pregnancy viz: the natural tendency to premature labor.

The presence of the placenta over or near the os is a cause of reflex irritation, which all the more easily causes the irregular and spasmodic uterine contraction of which I have spoken.

In conversation on the subject with one of my confreres, he said that, if he made an examination and found a case of placenta prævia his hand would not leave that vagina until the fœtus and everything came. Whether or not he knew it, he was a disciple of the school of unavoidable hæmorrhage and forced delivery. This theory is, that, so long as labor continues, hæmorrhage would go on—even increasing—the hæmorrhage is unavoidable. The therapeutic deduction is that manual extraction of the fœtus is absolutely necessary to save the life of the mother.

Barnes of London is an antagonist of the forced delivery which follows logically from the idea of unavoidable hæmorrhage. He examines the whole case thoroughly and pleads for a more conservative treatment.

The attachment of the placenta anywhere within the lower zone, is the region of dangerous placental attachment. This lower polar circle is the physiological line of demarcation between prævial and lateral placenta. It is the boundary line below which we have spontaneous placental detachment and unavoidable hæmorrhage, and above which spontaneous placental detachment and hæmorrhage do not occur. The lower segment of the uterus must open to an extent corresponding to

the circumference or equator of the child's head in order to permit of its expulsion. But, beyond this there is no physiological necessity for expansion, and it does not expand. Barnes believed that the boundary line of safety is often practically reached before the expansion of the mouth of the womb has reached the full diameter of the child's head, and has observed that the hæmorrhage has completely stopped, when the os uteri had opened to a diameter of from two to three inches.

"When the dilatation of the cervix has reached the stage at which "the head can pass, and when all that part of the placenta which had "been adherent within the lower zone is detached, and if, as is the con- "stant tendency of nature to effect, the intermitting active uterine con- "tractions arrest the hæmorrhage, a stage is reached when the labour is "freed from all prævial placental complications; the lateral or equatorial "portion of the placenta retains its connection, supporting the child's "life. The labour henceforth is a natural labour. The bleeding stops, "owing partly to the tonic, continuous, retraction of the lower uterine "segment, which closes the mouths of the vessels and favors thrombotic "plugging. This is the course which nature strives to accomplish, and "not seldom does accomplish."

Treatment:—In the treatment of placenta prævia the chief indication is to empty the uterus. There is really no safety for the woman while there is the possibility of hæmorrhage; but each case must be treated on its own merits.

For the hæmorrhage during pregnancy, the call for active interference must be determined by the amount of flow and whether or not the fœtus is viable. It is rare that very severe or serious hæmorrhage occurs before the fœtus is viable. The flow being slight, and fœtus not viable, there is no need for active treatment: because experience shows it is not always that the life of the mother is threatened, nor the nutrition of the fœtus interfered with, even in placenta prævia.

When the hæmorrhage comes on, at or near the full term, the treatment does not differ from that used in general for losses of blood occurring in ordinary pregnancy, e. g. in the so called accidental hæmorrhage. So long as the loss is slight, either in quantity or duration we should employ general means: Horizontal position, hips elevated, cold applications to the upper parts of the thighs and lower parts of the abdomen, slightly acidulated drinks, and small continuous doses of ergot and opium.

Active interference being demanded the chief means at our disposal are: Rupture of the membranes, tampon, dilatation of the os, partial detachment of the placenta, turning. Each has its advocates, and in some cases all may have to be employed.

In all cases of serious flooding before labour, the puncturing of the membranes is the first thing to be done. A finger is passed up to the os, guiding a stylet or similar body, while the uterus is supported by external pressure.

This is especially useful in partial placenta, but in central cases perforate the placenta by a long aspirator needle.

This may be sufficient to bring on the contractile energy of the uterus and labour may become active and require no more interference than a firm binder over the uterus, which still further promotes contraction, accelerates the expansion of the os, and moderates the hæmorrhage.

If hæmorrhage continue, the os being still undilated, the tampon may be tried. Braun's colpeurynteur filled with air or water; or wads of sterilized surgeons wool; absorbent cotton; absorbent gauze passed up around the cervix, filling the vagina. These are at best treacherous, and the patient must be watched carefully. If the hæmorrhage be controlled, change the tampon in a few hours—twelve more or less, and if os is dilating and hæmorrhage stopped the case may go on spontaneously.

Some prefer plugging by sponge or laminaria tents. They act by directly stretching the part requiring dilating and by exciting diastaltic action.

After waiting as long as may seem judicious, if the hæmorrhage still continues, we must dilate the cervix and complete labor. Dilation of the cervix always takes more or less time, and first if possible detach the placenta, which adheres within the lower polar zone, and the hæmorrhage may be moderated. The operation is described as follows: Pass one or two fingers as far as they will go through the os (the hand being passed into the vagina if necessary), feeling around the placenta, insinuate the finger between it and the uterus wall, sweep the finger around in a circle so as to separate the placenta as far as the finger will reach. If you feel the edge of the placenta where the membranes begin, tear the membranes freely. Ascertain if you can, what is the presentation before withdrawing the hand.

In separating the placenta, we remove an obstacle to the dilatation of the cervix, for the adherent placenta acts as a mechanical hindrance to the retraction of the lower segment of the uterus. Commonly some re

traction of the lower zone and opening of the cervix takes place, and often the hæmorrhage ceases. If now, under ergot and stimulants and the firm binder, uterine activity returns and drives down the head, it is pretty certain that there will be no more hæmorrhage. You may leave the case to nature, as you have freed it from the placental complication.

But if the uterus still remain inert we must proceed to the artificial dilatation of the cervix. This is accomplished by the use of Barnes' hydrostatic dilators. There are now other dilators but the principle is the same. Insert the largest size that will pass through the cervix, distend with water gently and gradually, watching by the finger the effect of the eccentric strain upon the os externum.

When the bag is fully distended keep it "in situ" for half an hour or an hour if necessary. During this time the hæmorrhage is commonly suspended. Probably the intra-uterine portion of the bag presses on the mouths of the bared vessels. Retraction or shortening of the lower segment of the uterus goes on, which is the direct means of closing the vessels. Under the combined effect of the pressure from below by the dilators and from above by the binder, the contents of the uterus are kept in close contact with its inner surface, maintaining pressure on the vessels of the cervix and stimulating the whole organ to contract. When the cervix is freely open the bag may be withdrawn. Again we may pause, and if contraction persist, if the head present, the labour is now essentially normal. We must still watch closely. If contraction is inefficient, if hæmorrhage goes on, if another part than the head present we must proceed to deliver. If the head present, it is generally best to put on forceps and pulling gently in the axis of the uterus and pelvis, keep the head in the os for awhile until it is felt that the expansion is sufficient to permit it to pass without undue force. If shoulder or head present we deliver by seizing the nearest leg and extracting. Having seized a leg, it must be drawn down so as to bring the halfbreach within the cervix. Axial traction must be so regulated as to bring the trunk through with the least amount of force. Gentle extraction, giving the cervix time to dilate gradually, avoids the violence and shock of forced delivery. The further care of the case is now that of the severe case of ordinary pregnancy.

My actual acquaintance with placenta prævia began at midnight on the tenth anniversary of my graduation. I found my patient showing the classical signs of approaching "death from hæmorrhage"—pale countenance, sighing respiration, parched mouth, intense thirst, pinched

and drawn expression, cold, clammy perspiration, thready pulse, scarcely perceptible and very rapid. She appeared to be about the full time of pregnancy. A midwife had been called about 3 p. m., had found hæmorrhage "going on terribly." She sent for a doctor but for some reason could not get one. It was not until midnight they came for me. When I arrived the hæmorrhage had stopped. I examined and found the cervix thinning, the os dilated to about the size of a silver fifty cent piece, and the soft quaggy, boggy, irregularly granular, spongy, firm, uneven, rough yet smooth, touch so different from the ordinary surface of the fœtal membrane. The patient was moribund and died without further hæmorrhage, before anything could be done. This was the second pregnancy.

Two years later I was called, about a mile from my office, to a multipara, found her six months pregnant. Had had a smart hæmorrhage, which had ceased: cervix thick and firm, os admitted the tip of the finger when I found for the second time that peculiar touch so hard to describe in words, but, once felt cannot be forgotten. This was the first hæmorrhage and it was, in my opinion, injudicious to deliver at that time. I tamponed and watched the case. Internally gave digitalis and bromide, with very small doses of ergot. Next day I retamponed. There being no further hæmorrhage and patient feeling better, I waited developments; cervix still hard and os undilated. I called every day, during the two weeks following. She had a slight hæmorrhage two or three times. Early one morning I found the cervix thinning, waited about two hours, sent for assistance. Under ether I dilated the cervix with my fingers, found I could not get around the placenta, forced my hand through it. I felt that the head was comparatively small and brought it down. The hæmorrhage which had seemed terrible to me, now lessened. I applied forceps and delivered a dead fœtus. The mother had a recovery somewhat slower than an ordinary confinement. I have since then attended her at full time without any untoward conditions whatever.

My third placenta prævia was nearly a year after my second—a primipara about seven months pregnant. She had been asleep and was awakened by the flow of blood around her, had no pain, no unpleasant feelings, had done no lifting, and on the fullest questioning I could not find any cause assignable for the hæmorrhage. On examination I felt through the small os the peculiar quaggy, boggy, granular, spongy touch of the maternal surface of the placenta. The cervix was hard and firm, no retraction. Hæmorrhage had ceased by the time I arrived. I gave a

mixture of digitalis and bromide with small doses of ergot. I returned in a few hours and tamponed with iodoform gauze with T bandage. In twenty-four hours withdrew tampon and wished to retampon, to which the patient very strongly objected. "If I am going to die I will die without that terrible distress." As the hæmorrhage had ceased and the patient felt and looked better, pulse good, etc., etc., I did not insist. I watched the case every day. She remained in bed about a week with only the slightest "show." After that week she was about her room. At one of my visits, two weeks and two days from the first call, I found her well, so well that I had said, "you will probably go on to full time." I went down stairs to speak to one of the family. The nurse called me The hæmorrhage had begun again. I sent for assistance. The os had dilated slightly, the cervix thinning. Hæmorrhage continued smartly: the patient showing the effects of the loss of blood. Dr. Vose of Calais administered chloroform. I dilated the cervix with my fingers, found I could get around the placenta, and ruptured the membranes. Found head presenting, but grasped a foot, brought it down, and in a few minutes delivered a living baby, which lives and is well. The mother had a very tedious recovery and for a long time was very anæmic. About four weeks ago she was safely delivered at full time of twins without any placental complications.

Clinical Report.

IDIOPATHIC POLYNEURITIS WITH GRAVE RENAL COMPLICATIONS.

M. D. Morrison, M. D., Dominion Colliery, C. B.

The following history and data in connection with an exceedingly interesting case recently under my medical care, are respectfully submitted to the readers of the Maritime Medical News.

I regard the case mainly as one of multiple neuritis. As to the cause, I have not been able to ascribe it to any of those sources enumerated in the literature within my reach. I found myself dealing with a young man who, up to the time of his fatal illness, had never been a day sick, whose relatives all enjoy good health, and whose physical and moral surroundings were always considered to be above the average. Alcohol cannot be held accountable as an etiological factor nor can lead, mercury or arsenic. The behaviour of the disease in many respects suggested the possibility of alkaloidal poisoning of intestinal origin; its fulminating characteristics indicated certainly profound constitutional disturbance.

T. G., aged 20 years, came to my office for medical treatment on February 3rd. 1900, complaining of pain in the stomach and bowels, anorexia, constipation, general weakness. For a few days previously he had been troubled more or less with "pains in the legs and in the back" but had improved very much. On the above date his pulse and temperature were normal, tongue dry and pale. Regarding the case as one of gastro-intestinal disturbance that a cathartic should clear up, I gave him two pil. cath. co. with instructions to report on the following morning if not better. He did so and in the same condition as on the preceding day, not being relieved in any way. I prepared a powder for him containing calomel, podophyllin and capsicum, to be followed, if necessary, in six hours by a dose of epsom salts. Ten hours later I called on him, and finding there was no result from the purgatives gave a large enema of warm water and soap suds. The irrigation was only

partially satisfactory, and in my extremity I advised him to take, on the following morning, half a bottle full of castor oil. I was reasonably satisfied he had no intestinal obstruction as there was no vomiting, no tumor, no constitutional symptoms. The castor oil moved the bowels sufficiently to make him realize, once more, a feeling of *bien etre*. The following pill was then given him: aloin 1-5 gr., strychnia 1-60 gr., extract belladonna 1-8 gr., one three times a day to be continued until the bowels acquired their proper functionating power.

Two days later I found him in bed with a temperature of 100°, pulse 120 and small, tongue covered with a white fur, severe cramps in the bowels, general abdominal tenderness on pressure, absolute constipation: no headache, no vomiting. During the following three or four days these symptoms continued, the intestinal element grew progressively worse, and in addition appeared redness, pain and swelling about the the elbow joints. These I wrapped up in hot bichloride gauze, relieved the abdominal distress with turpentine stupes, and administered morphia hypodermatically. A large enema now was, to my surprise and delight, attended by a good movement of the bowels. The following morning, however, diarrhœa set in and continued for two days. At the same time the urine became smoky and eventually dark in color. On examining it I found a large proportion of blood, which condition existing with the diminution in quantity to sixteen ounces in 24 hours led me to pay particular attention to the kidneys. Poultices of linseed meal were applied to the lumbar region, drinking of water enforced, and a mixture containing potassium citrate and tincture of digitalis administered.

After a day or two the swelling and pain in the elbows disappeared, but he began to complain of his arms being very weak, of his ankles being sore, and of the groins being painful. I could detect nothing abnormal about the ankles or knees but found the inguinal glands enlarged and excessively tender, and the abdomen quite tympanitic.

On Feb. 27th, the condition of our patient was as follows: Double "wrist drop," tenderness and pain over the nerve trunks of arms from the shoulders to the elbows, much weakness in the legs with numbness and tingling, obstinate constipation, great tympanites, breath fetid, tongue brown and dry, face pallid with an expression of suffering indelibly stamped upon it, pulse 130, temperature normal: no headache, no vomiting, no blue line on the gums. I put him on strychnia 1-30 gr. every four hours: also sodium phosphate, potassium iodide, salol, and charcoal, and ordered on every second day a large dose of salts.

March 5th.—Arms completely paralyzed, "foot drop," muscles of lower extremity painful to the touch and soft and flabby: vomited bile twice.

March 10th.—Motor paralysis of both arms and legs, reflexes completely abolished, marked emaciation of the whole body, tympanitic up to the fifth rib, breath indescribably malodorous, pulse 126, temperature normal, no appreciable impairment of sensation: vomited three large worms; has had hiccough for three days. At this stage the examination of the urine gave the following information: quantity in 24 hours—32 ounces: reaction—acid: specific gravity—1015.

Chemical Examination.—Albumin in large quantity.

Microscopic Examination.—Red blood corpuscles, uric acid crystals, granular matter, round epithelial cells, squamous epithelium, blood casts, and granular casts.

March 11th.—Profuse diarrhœa set in, resisting all efforts towards suppression. Patient became very anæmic, and the muscles began to waste with the rapidity of the melting of snow by virtue of the warm sun of spring. Throat became congested, sore, and covered with a glairy brownish mucus. Mind continued clear and intelligent but cerebration became slow and hesitating. During this period the treatment was opium, bismuth, salol, brandy, quinine, potassium acetate.

March 18th.—Swelling of left parotid gland, abdominal soreness, subjectively and objectively, in the neighbourhood of umbilicus especially on left side, pulse 80, tongue dry, brown, and glazed, impairment of sensation—not being able to distinguish between the application of the point and the head of a pin: muscles like rags: sphincters remained uninvolved throughout.

March 20th.—At 4.30 a. m. patient died.

It is acknowledged by accurate observers that the differential diagnosis of multiple neuritis, of acute ascending paralysis (Landry's) and of the sub-acute poliomyelitis of Duchenne is difficult—in many cases the etiology, symptomology, courses and termination being identical. In the case under review we can exclude Landry's paralysis which invariably begins in the legs, extends rapidly, and terminates early. The other certainly claims some diagnostic consideration, and for a time it engaged, so far as I was concerned, mental association with the above symptoms, but as the days went by and the nights dragged out the clinical picture of polyneuritis developed itself—at least to the satisfaction of the writer.

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(NEUTRAL.)

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Iron and Manganese as offered in the shape of numerous inorganic preparations are, at the best, only sparingly absorbed after a long and tedious process.

When combined with Peptone in a neutral organic compound, the result is complete assimilation and absorption, thus deriving the full benefit of the ingredients as tonics and reconstituents, and rendering the remedy invaluable in

Anæmia, Chlorosis, Scrofula and Debility.

The improvement accomplished by the administration of the solution is permanent, as shown by the increase in amount of Hæmoglobin in the blood: i. e. 3 to 8 per cent.

As regards the digestibility and rapid assimilation of the preparation, its aromatic properties and the presence of peptone in it renders it acceptable to the most susceptible stomach.

DOSE.—For an adult, one tablespoonful well diluted with water, milk or sweet wine, three or four times a day: dose for a child is one to two teaspoonfuls, and for an infant 15 to 60 drops.

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Terpin hydrate was first physiologically investigated by Lepine in 1885, who found it to act both upon the mucous membranes and nervous system in a manner similar to the oil of turpentine. It has since been used in chronic bronchitis, and in advanced stages of acute bronchitis, especially where the secretion is free, also in chronic cystitis and gonorrhœa.

Dose from 2 to 3 grains from four to six times per day.

Each fluid drachm contains one grain of terpin hydrate. At a temperature of 55 degrees or lower there may be a slight crystalline deposit which will redissolve when warmed but therapeutic value is not impaired.

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We also prepare an elixir of terpin hydrate combined with codeine; each teaspoonful containing

Terpin Hydrate	2 grains
Codeine Sulphate	$\frac{1}{8}$ grain

This combination has proved to be most acceptable, embracing the expectorant and calmative properties of these two most valuable remedies. The experience of those who have already used this latter elixir has declared it to be eminently successful in allaying the distressing cough following influenza and other bronchial affections, without disturbing the stomach by creating nausea or loss of appetite; nor does it arrest the secretions, cause constipation, headache or other derangements.

JOHN WYETH & BROTHER,

Manufacturing Chemists,

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General Agents.

THE

MARITIME MEDICAL NEWS.

VOL. XII. APRIL, 1900. NO. 4.

Editorial.

RECENT MEDICAL LEGISLATION.

At the session of the Nova Scotia Legislature lately prorogued, several matters of interest to the medical profession were dealt with. We reproduce elsewhere in this issue the two more important acts, which are of general interest. Another act, introduced by Dr. Kendall, aimed at the abuse so likely to associate with medical attendance upon employees of collieries and large manufacturing concerns, is rather of local interest, and does not at present appear to call for any comment.

The NEWS notes with much satisfaction that the measure relating to the establishment of a sanatorium for consumptives passed the house without a single dissenting vote. This not only speaks well for the quality of the charity possessed by our legislators, but is also an indication of good judgment on their part. The question of a sanatorium was not discussed from a humanitarian point of view alone, but its usefulness from an economic standpoint was also urged, and action was taken after very careful consideration.

We believe that the Nova Scotia government is the first government in Canada to undertake the establishment of a sanatorium for the tuberculous, and, if we mistake not, only one State (Massachusetts) in the adjoining republic has taken such a step. This is a matter which will naturally be a source of gratification to Nova Scotians. It is pleasant to feel that we are in the van of the progress in respect to tuberculosis, and we bespeak for our legislators the hearty commendation of the medical profession for the manner in which this matter was dealt with.

Of course a critical reading of the act discloses features which might be improved upon, but it will not be forgotten that opportunities for amendment will frequently occur, and doubtless any necessary changes will be readily made. The sum voted ($15,000.00), seems at first sight very small, but this is for construction purposes only, and will serve for a commencement.

The location of the proposed sanatorium has not yet been decided upon. We would suggest that this is a matter which should be carefully deliberated, and no consideration other than the desire to choose the very best site should have any weight in deciding the point.

The bill amending the Public Health Act of 1888 is also one which deserves a word of commendation. The appointment in the various municipalities of salaried health officers with definite duties cannot fail to render our health laws less inoperative, and will doubtless prove a valuable supplement to the Provincial Board of Health.

AN ACT TO AMEND CHAPTER 9 OF THE ACTS OF 1888, ENTITLED AN ACT IN RELATION TO THE PUBLIC HEALTH.

Be it enacted by the Governor, Council and Assembly as follows:

1. Chapter 9 of the Acts of 1888 entitled an Act relating to the public health is hereby amended by adding thereto the following sections.

(1.) Every municipal Council, at its annual meeting, and every town council at its first meeting after the annual Election of Councillors, shall appoint a duly qualified medical pracitioner as health officer for the municipality or town.

(2.) The appointment of such health officer shall be for one year and he shall be paid a salary of not less than one hundred dollars by the municipality or town.

(3.) If any municipal or town council neglects or refuses to appoint such health officer and to give notice of such appointment to the Provincial Secretary within thirty days after the date of the meeting fixed for such appointment, the Governor and Council may appoint such health officer and the health officer so appointed shall have the same powers, duties and privileges as if he had been appointed by the Municipal or Town Council.

(4.) The health officer shall be the executive officer of the Municipal or Town Boards of Health

DUTIES OF HEALTH OFFICER.

(5.) It shall be the duty of every health officer.

(*a.*) To enforce the sanitary laws of the Province, such sanitary orders as may from time to time be made by the Provincial Board of Health and all orders and regulations of the Board or Boards of Health in the Municipality or Town.

(*b.*) To cause to be abated or removed all nuisances in the Municipality or Town.

(*c.*) To regulate the location, construction, repair and use, emptying and cleaning of all water closets, privies, cess pools, sinks, plumbing, drains, yards, pens, stables, or other places where offensive or dangerous substances or liquids do or may accumulate.

(*d.*) To immediately notify the Secretary of the Provincial Board of Health, of any outbreak of infectious or contagious disease in the municipality or town.

(*e.*) To inspect annually, and oftener, if he deems it necessary, the sanitary conditions of all schools and school buildings and premises in the municipality or town.

(*f.*) To make a quarterly report to the Warden or Mayor of the sanitary condition of the municipality or town and to send a copy of the said report to the Secretary of the Provincial Board of Health.

(*g.*) To promptly furnish such special reports as may be called for by the Provincial Board of Health.

(*h.*) To regulate the location, construction, repair and use of all wells, water supplies and streams of water to be used for domestic or potable purposes.

(6.) When information is given or reasonable belief exists that an infectious or contagious disease prevails in any house or any locality the health officer may cause such house or locality to be inspected and if he finds that such infectious or contagious disease exists, may as seems to him best send the person so diseased to a pest house or hospital or may restrain such persons and others exposed to such disease from intercourse with other persons, and may prohibit ingress or egress.

(7.) The health officer may take measures to afford facilities for gratuitous vaccination and may also when required furnish disinfection. He may afford such medical or other relief to and among the poor of the municipality or town as in his opinion the protection of the public health

requires, and during the prevalence of any epidemic may provide temporary hospitals for such purposes.

(8.) The health officer may on the outbreak or threatened outbreak of any epidemic disease close any school or schools and prohibit public gatherings for such time as he deems necessary.

(9.) The sanitary inspectors in every municipality and town shall be under the authority and subject to the orders of the health officer.

(10.) The Secretary of the Provincial Board of Health shall notify the health officers of any infectious or contagious disease in adjoining districts in so far as he has received information thereof in order that precaution may be taken to prevent the introduction of infectious or contagious disease.

2. Section 29 of said Chapter 9 of the Acts of 1888 is amended by inserting after the word "justice" in the first line thereof, the words "or Health Officer."

AN ACT TO ESTABLISH A SANATORIUM AND TO AID IN THE TREATMENT AND CARE OF PERSONS SUFFERING FROM TUBERCULAR DISEASE OF THE LUNGS.

Be it enacted by the Governor, Council and Assembly, as follows:

1. The Governor-in-Council is hereby empowered as follows:

(*a*) To erect, furnish and equip a Sanatorium for the care and treatment of persons suffering from tubercular disease of the lungs in its earlier stage, at a cost not exceeding $15,000, either upon property owned by the Province or upon other lands within the Province;

(*b*) If upon lands other than those owned by the Province, to acquire the title to and pay for the same, the purchase money to be included in the said sum of $15,000;

(*c*) To pay said sum or so much thereof as may be required either out of the general revenue of the Province or out of the money which the Governor-in-Council is hereby authorized to borrow;

(*d*) For the purpose of borrowing said money, the Governor-in-Council may issue debentures, inscribed stock, scrip or certificates of indebtedness, to an amount not to exceed said sum of $15,000, which debentures, inscribed stock, scrip or certificates, shall be numbered consecutively with coupons attached, bearing interest payable semi-annually at a rate not exceeding 3½ per centum per annum, and shall be in such

form and verified and authenticated in such manner and for such amounts, not less than $100.00 each, and on such conditions as the Governor-in-Council shall prescribe, the principal to be repaid in thirty years from the date of the same to the holders thereof;

(*e*) To pay the interest upon any money borrowed under the provisions of the preceding sub-sections from the revenues of the Province;

(*f*) To maintain said Sanatorium, and provide it with all things necessary for the treatment and care of such patients as may be admitted thereto, including medical attendance, nursing and general service, and to prescribe rules and regulations for the conducting of the same;

(*g*) In case the Governor-in-Council deem it desirable, to establish and appoint a board of trustees or commissioners to manage said Sanatorium under and with such regulations, restrictions and powers as may be considered proper;

(*h*) To pay to any municipal or civic body, corporation, private person or benevolent organization maintaining and conducting a Sanatorium within the Province for the treatment and care of persons suffering from tubercular diseases of the lungs, a sum not to exceed 30 cts. per day for not more than 100 days each patient may be in actual attendance and under treatment at such Sanatorium.

2. All expenses incurred under the provisions of this Act not hereinbefore provided for to be paid out of the general revenue of the Province.

3. No Sanatorium shall receive any allowance under the provisions of this Act until the same is formally recognized by the Governor-in-Council as entitled to the benefits of this Act, and in case of sanatoria maintained by other than municipal or civic authorities, until the same has been also recognized by resolution of the city, muncipal or town council, of the city, municipality or town within which it is situate, and unless such council has granted to it public aid of not less than $300.00 per annum, and unless the governing body of such Sanatorium includes a representative appointed by the council.

4. The Governor-in-Council shall appoint one member of governing body of every Sanatorium receiving aid under this Act.

5. Every Sanatorium receiving aid under the provisions of this Act shall be subject at all times to the inspection of any person authorized to make such inspection by the Governor-in-Council, or by the Commissioner of Public Works and Mines, and the aid authorized by this Act may be withheld if the report of such inspector is not deemed satisfactory.

6. The by-laws and regulations of every Sanatorium seeking aid under this Act shall be approved by the Governor-in-Council before such aid can be granted.

7. All claims made for aid under this Act shall be verified by affidavit of one of the principal officers of the Sanatorium in such form as may be required by the Provincial Secretary.

8. So soon as said Sanatorium, the erection of which is authorized by this Act, is completed, equipped and ready for the reception of patients, the Governor-in-Council shall appoint one or more registered medical practitioners, practicing near said Sanatorium, examiner or examiners, and no person shall be received into said Sanatorium as a patient for care or treatment until he or she has been examined by one of said practitioners, and such practitioner has certified that such person is suffering from tubercular disease of the lungs in its first or incipient stage, and that the care and treatment that can be furnished at said Sanatorium may produce a cure. Such examiners shall receive the fee of $3.00 for each examination, and shall furnish the certificate free when proper to do so. They shall keep a record of each applicant with such particulars as may be prescribed by the Governor-in-Council, and make an annual return thereupon to the Provincial Secretary on or before the 31st of January in each year.

9. All persons appointed under the provisions of this Act shall hold office during the pleasure of the Governor-in-Council.

10. The charges for the support and treatment of the inmates of said Sanatorium to be erected and conducted under this Act as are of sufficient ability to pay for the same or have persons or kindred bound by law to maintain them, shall be paid by such inmates, such persons, or such kindred, and the support and treatment of such inmates as have a legal settlement in some city, town or poor district within the Province, shall be paid by such city, town or poor district, if such patients are received at said Sanatorium on the request of the mayor of such city or town, or the overseers of the poor for such poor district, the rate to be fixed by the Governor-in-Council. And such charges may be recovered in an action in the name of the Commissioner of Public Works and Mines as an ordinary debt in any court having jurisdiction. But nothing herein shall prevent the admission into and treatment of patients who have no means of payment; and the support and treatment of such last named patients shall go into the general expenses of maintaining said Sanatorium.

SOCIETY MEETINGS.

The summer season is rapidly approaching and we wish to remind our readers of the different society gatherings, so that each member intending to contribute to one or all of the programmes will kindly inform the proper secretary. It is no easy position, that of carrying out the details of secretary of any well established society, and it is only fair that every member should endeavor to do his share of the labor and consequently make the secretary's work a somewhat easier task.

The Medical Society of Nova Scotia has long been favored with an earnest and popular secretary in the person of Dr. W. S. Muir (we could hardly do without him now), while Dr. G. M. Campbell, who for years has filled a similar office in the Maritime Medical Association, has likewise proved an exceedingly capable official.

Our advertising pages inform our readers that the Medical Society of Nova Scotia will meet at Amherst on the 4th and 5th of July. The discussion in surgery will be upon "Prostatic Affections," which will be opened by Dr. John Stewart, of Halifax, and among those who will take part will be Dr. James Bell, of Montreal. In our next issue we hope to give some further particulars and also of the Maritime Medical Association, which will meet at St. John on the 18th and 19th of July.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

JANUARY 10th, 1900.—Dr. G. A. B. Addy in the chair.

A paper on the "Intra-Muscular Injection of Mercury in the Treatment of Syphilis," was read by Dr. Murray MacLaren. This method of treatment has been freely tried in the British army and is considered by those employing it as successful and particularly suitable for the services. The advantages may be said to be, that one treatment a week for a year is sufficient, the patient does not tire of it, the physician has a personal supervision and there is certainty that the treatment is undergone. The injections are given during the early stage of the disease, one formula (althus cream) being hydrargyrum and lanolin, one drachm and two drachms respectively by weight, with carbolic oil (1 in 20) four drachms by measure, ten minims to be given at an injection. The injections are made into the muscles of the buttock, first on one

side, then on the other. Any persistent resulting nodule should be broken up with a needle before a further injection is given. At the meeting of the B. M. Association in 1899, Major Lambkin reported 20,000 injections with one accident, an abscess, and Major Grier, 15,000 injections with no accident.

JANUARY 17th.—Dr. Scammell, President, in the chair.

Dr. Crawford read a paper entitled "Toxic Diseases of the Eye." Toxic amaurosis is sometimes met with in puerperal women with albuminuria or eclampsia. Blindness may result, but it is of short duration, 12-48-72 hours. Large doses of quinine also may produce the condition which may be complete and does not pass off so suddenly as the previous form, or may be permanent. Tobacco and alcohol are the most important causes of toxic diseases of the eye; the colour sense fails first. Tobacco requires 15-20 years to produce its effect. The prognosis from the alcoholic is less favorable than the tobacco form. In the early stage of toxic amblyopia, the patient notices that his eyesight is slowly failing and thinks he can see more clearly at night. At first the ophthalmoscope shows no change, later atrophy of nerve filaments is observed. Tabes and sclerosis should be excluded in forming a diagnosis.

Other toxic agents were refered to, rubber, carbon bisulphide, stramonium, Jamaica ginger, peppermint, tea, coffee, cocoa, lead, iodoform and male fern. The pathological changes were referred to and their treatment was discussed. The cause should be removed; if early in the disease, cure may be effected. Mercury, strychnia and iodide of potash are among the remedies administered.

JANUARY 24th.—Dr. McIntosh, Vice-President, in the chair.

Dr. Wetmore read case reports on two cases seen by him. The first was that of a compound dislocation of the ankle joint with fracture of the fibula in a man aged fifty. An attempt was made to save the foot, but later amputation through the middle third of the leg was required.

The second case was a streptococcic infection treated by serum injections. The site of infection was the ulnar side of the hand. After injection of serum the temperature fell and the man returned to work; this was followed by a relapse which called for further injections, twenty being given in all and from one to three daily—an excellent result was obtained.

PATHOLOGICAL SPECIMENS.—A fractured skull cap was shown by Dr. G. A. B. Addy.

LACTOPEPTINE TABLETS

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine." —*The Medical Times and Hospital Gazette.*

Can be ordered through any Druggist. **Samples free to Medical Men.**

NEW YORK PHARMACAL ASSOCIATION,

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Liquid Peptonoids with Creosote

Beef, Milk and Wine Peptonises with Creosote.

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

DOSE.—One to two tablespoonfuls from three to six times a day.

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"BOROLYPTOL"

Is a combination of highly efficient antiseptic remedies in fluid form designed for use as a lotion whenever and wherever A CLEANSING AND SWEETENING wash is required. It possesses a delightful balsamic fragrance and pleasant taste, and can be employed with great advantage

AS A CLEANSING LOTION AS A VAGINAL DOUCHE
AS A NASAL DOUCHE AS A MOUTH WASH
AS A FRAGRANT DENTIFRICE.

Samples sent on application.

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To the Medical Profession:

ABBEY'S EFFERVESCENT SALT is without doubt the most elegant, patable, and efficient saline laxative and antacid within your reach.

It possesses every requisite that such a salt should have; the slight granulation enables the patient to obtain the fullest benefit of the slower development of the carbonic acid gas; its action upon the bowels is gentle, but positive, and its valuable antacid properties render its use particularly beneficial in many cases where a harsher aperient might prove deleterious.

The use of Abbey's Effervescent Salt is growing daily, and is now regarded as a standard preparation, put up in the most high-class manner, and sold through druggists only.

The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

JANUARY 31st.—Dr. Scammell, President, in the chair.

Dr. Walker exhibited a mucous polypus removed from the uterus, and then read a paper on a visit to the south department of Boston City Hospital. Special reference was made to the use of antitoxin in the treatment of diphtheria, the importance of large doses being pointed out, and reference was made to the views held by Dr. McCollom regarding this treatment and also as to scarlatina. Dr. McCollom considers that isolation in scarlatina to be effective should be continued for at least fifty days.

FEBRUARY 7th.—Dr. McIntosh exhibited a patient aged 67, who presented a tumor of the outer angle of the eyelid. The growth had a history of twenty years, and was thought to be rodent ulcer with some secondary growth added.

Dr. Morris reported in detail the case of a man aged 52, complaining of dull pain in top of head, failure of hearing and sight, loss of power on left side, etc. The general opinion expressed by members favoured the view of the presence of a cerebral tumour.

PATHOLOGICAL SPECIMENS.—Dr. Ellis exhibited a tubercular larynx.

FEBRUARY 14th.—A paper on "Beri-beri" was read by Dr. Hetherington. The various symptoms were described and the localities where the disease abounds were mentioned. Outbreaks have occurred in insane asylums, and it has been thought that the feeble minded were especially susceptible to its ravages. Beri-beri has frequently been present in crowded ships sailing from an infected district, and it is considered almost impossible to eradicate the infection from a vessel. Dr. N. McLeod, of Shanghai, from observation concludes that the food supply and not overcrowding is responsible for the spread of the disease. There is no specific remedy for treatment. Fatty foods are considered effective.

FEBRUARY 21st.—Dr. Scammell read a paper on the "Etiology of Hysteria," and reported two cases in children. One case that of a boy, was seized with convulsions lasting with intermissions 36 hours, during which time he exhibited a special aversion to objects having a white colour.

FEBRUARY 28th.—Dr. Macaulay read a report of 93 cases of typhoid fever treated in the St. John General Public Hospital during the year 1899. The absence of various symptoms was noticed. Enlargement of the spleen was not demonstrated, and rose coloured spots were found in only a few cases. Epistaxis was also not observed. The yellow discoloration of palms of hands was frequently present. Two deaths in the whole series occurred, one from perforation and one from intestinal hæmorrhage. About one half of the cases were treated with sulphocarbolate of soda and calomel and podophyllin, the other half with quinine. Symptoms such as high temperature etc., were treated symptomatically. As a rule the children suffered more severely than did the adults. The Widal reaction was present in all cases reported at some stage.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

MARCH 21st, 1900.—Dr. G. C. Jones, Vice-President, in the chair.

A letter was read from the President-elect of the British Medical Association inviting members to the meeting to be held in August at Ipswich.

Dr. A. Halliday then read a paper on "Headache." (Published on page 109 of this issue.)

Dr. Jones remarked on the originality and care shown in the preparation of the paper.

Dr. Farrell said headache was undoubtedly related to digestive disturbances and presence of toxins in the alimentary canal. Brain worry by disturbing digestion causes fermentative changes. Tying a tight band around the head often gave relief to headache.

Dr. Farrell moved a vote of thanks to Dr. Halliday which was seconded by Dr. Ross, and carried.

Dr. Halliday in replying, remarked on the necessity for prophylaxis in the treatment of headache and the regulation of diet. He mentioned that the bowels may move regularly and yet the alimentary canal may not be emptied.

Dr. Walsh referred to fermentation as a cause of headache and asked for some further explanation, which Dr. Halliday gave.

Dr. Goodwin suggested that irritation of the stomach reflexly produced headache. He noticed the association of light colored fæces with headache.

Dr. Goodwin was then called upon to read some notes on "New Remedies." He referred to some of the newer preparations of iron, among which were hæmagallol, hæmol, ferratin, hæmalbin, hæmoferrum—all being attempts at the composition of iron in the blood. Comment was also made on nuclein, arsenauro, typhoid serum, some newer iodine compounds, eucalyptus as a urinary antiseptic, etc.

Dr. Murphy referred to eucaine as a local anæsthetic.

MARCH 28th, 1900.—Dr. Murray presented a case in which he suspected aortic aneurism.

Dr. W. S. Muir, of Truro, then read a paper on "Acute Infective Jaundice" (Weil's disease), a most interesting paper relating to a recent outbreak in the vicinity of Truro. (This will be published in a subsequent issue of the NEWS.)

Dr. D. A. Campbell expressed the society's indebtedness to Dr. Muir for his very interesting and instructive paper. He referred to an epidemic of jaundice in Halifax a few years ago. The characteristic feature was its prevalence. He had twenty or thirty cases and there had been six or eight cases among the students of the Halifax Medical College. The epidemic occurred in November and December during an open season, and was mostly in children between five and fifteen years of age. He thought neither this epidemic nor the cases described by Dr. Muir corresponded to Weil's disease. Most observers point out relation of this jaundice to typhoid, influenza, etc. A German observer has found a special bacillus in three cases. The Halifax epidemic was supposed to have some relation to the influenza which was epidemic at that time.

Dr. Chisholm spoke of treatment. During the epidemic referred to he was much struck by the prompt recovery of cases in which hydrastis had been given, 15 minims every four hours.

Dr. Goodwin referred to hydrastis as being very useful in catarrhal conditions.

Dr. M. A. B. Smith moved a vote of thanks to Dr. Muir, which was seconded by Dr. Chisholm and carried unanimously.

FINAL MEETING.

The final meeting of the 1899-1900 series took place on the 19th inst. at the Halifax Hotel, the attendance being larger than at any previous meeting of the past season. This was largely due to the announcement that Dr. Murray MacLaren, of St. John, would read a paper on "Gastric Ulcer," which proved an extremely interesting contribution, and will be published in another issue of the NEWS.

The branch was pleased to see the President, Dr. Kirkpatrick, in the chair once more, after being compelled, through illness, to be absent from every meeting since the beginning of the year.

Dr. S. E. Shaw, junior house surgeon to the Victoria General Hospital, exhibited a chair intended for patients convalescing from knee excisions or any other operations about the knee joint. This chair was devised by himself for a patient in whom a knee excision had been done and pus having appeared it tended to burrow upwards along the thigh. Good drainage was therefore impossible and he could not sit in an ordinary chair without a great deal of discomfort on account of the condition of his knee. In this chair the side of the of the seat corresponding to the

affected knee is allowed to drop to such an angle that the heel resting on a foot piece make a straight line with the thigh and buttock, thus making good drainage possible and affording comfort to the patient. Large castors are fitted on the hind legs allowing the nurse by tipping it back to wheel the patient to any part of the ward. The visiting surgeons have spoken highly of its usefulness in the wards and at the meeting Drs. Stewart and Chisholm referred to it in the highest terms.

Adjournment to dinner took place at 10.30 p. m., where the members partook of the good things provided. The president filled the chair, the guest of the evening, Dr. MacLaren sitting on his right hand. Speeches and songs were the order, while no member was slighted in any way as the toast list necessitated a few remarks from every member present. On the conclusion of the meeting a telegram of congratulation was sent to Dr. Daniel, newly elected mayor of St. John.

Space prevents us giving further details of the proceedings till our next issue.

Matters Personal and Impersonal.

Dr. J. W. Daniel has just been elected mayor of St. John by over 600 majority. There were four candidates in the field among them the gentleman who occupied the chair for the previous two years. We congratulate our co-editor in his success and have no doubt of his faithfully filling the position entrusted to him.

Dr. M. G. Atkinson, owing to ill-health has been obliged to give up work in this city and is now recuperating in Colorado.

Dr. J. K. McLeod, who practiced for some years in Newfoundland, has gone to London for a few months and will then settle in Sydney.

Drs. T. J. F. Murphy and L. M. Silver have recently been appointed to the visiting staff of the Victoria General Hospital, the former on the surgical and the latter on the medical side.

Drs. G. A. B. Addy and W. W. White of St. John, have sailed for London by a recent steamer. Dr. Addy will take up pathological work under Dr. Sims Woodhead.

Dr. H. A. March, of Bridgewater, has been laid up for two months with enteritis of a subacute form. He has now fortuately recovered.

Obituary.

Dr. George E. Coulthard.—In our last issue we referred to the death of Dr. Coulthard who passed away at his home on the 17th ult. By his death Fredericton has lost a leading practitioner, and New Brunswick one of its most representative physicians. It was known by his friends that Dr. Coulthard had for some years past been in failing health, and that his tenure of life could not be long. Notwithstanding, he labored assiduously at his profession, took a deep interest in all that pertained to it, and took an active part in all that related to the advancement of his native city. He was in every respect a representative citizen. He was prominently identified with educational matters being a member of the senate of the University of New Brunswick, and chairman of the Board of School Trustees of the City of Fredericton. In matters pertaining to the public health he took a deep interest, having been for some years Secretary of the Provincial Board of Health and chief health officer for the province. His work as secretary was characterized by thoroughness, his methodical habits enabling him to perform an amount of work which many a practitioner with as large a practice as he enjoyed would have been unable to overtake. As a practitioner Dr. Coulthard was greatly beloved by his patients, his genial manner and encouraging words cheering many a gloomy home. As a consultant he was courteous, safe and reliable. The sorrow occasioned by his death is not by any means confined to the community in which he lived and labored, but has extended to other parts of the province, messages of sympathy pouring in from all quarters.

By his will he bequeathed the sum of one thousand dollars to the Victoria Hospital, (of which he was senior physician,) the interest of which he desired to be applied to the purchase and repair of surgical instruments; and one thousand dollars towards the erection of an engineering building for the University of New Brunswick. The attendance at his funeral of all classes of citizens, testified to the universal esteem in which he was held.

Book Reviews.

Diseases of The Nose and Throat.—By J. Price-Brown, M. B., L R. C. P. E., Member of the College of Physicians and Surgeons of Ontario; Laryngologist to the Toronto Western Hospital; Laryngologist to the Protestant Orphans' Home; Fellow of the American Laryngological, Rhinological, and Otological Society; Member of the British Medical Association, the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc., etc. Illustrated with 159 Engravings, including 6 Full-Page Color-plates and 9 Color-cuts in the text, many of them original. 6¼x9¼ inches. Pages xvi-470. Extra Cloth, $3.50, net. The F. A. Davis Co, Publishers, 1914-16 Cherry St., Philadelphia.

It was with more than ordinary interest that we took up this book for review, particularly as the author is a Canadian practitioner. There surely must be some powerful reason why our Canadian sons in medicine are not more often writers of medical works. From careful meditation we have arrived at the conclusion that modesty is the prevailing cause. It is pleasing to note that the author who has just launched his writings before a critical profession, is a man who had been in active practice for twenty years before engaging in special work ten years ago. On this account the teachings of Dr. Price-Brown ought to be read with more than ordinary interest. His book is written more particularly for the general practitioner and therefore fills up a gap heretofore unoccupied to a great extent. The author says in the preface: "Patients are sent to the specialists of acknowledged skill, by physicians of towns and cities far remote from the residence of the specialist himself. But these patients are the unfortunate few. What about the larger number? the impecunious? the poor? those who might pay a small fee for relief from constant suffering, but who are unable to make long journeys and to meet the obligations required by staying in the city and remunerating the laryngologist for his work? It is for physicians and surgeons who so frequently meet patients of this class, and for students preparing for the regular practice of their profession that this book is written."

The metric system of weights and measures has been substituted for the old Roman, which is a move in the right direction. The anatomy and physiology of the nose, pharynx and larynx are lucidly

given before the diseases of each department are taken up. Each disease is treated of most systematically—its pathology, etiology, symptomatology, diagnosis, prognosis and treatment. Many authorities are quoted and given full credit when necessary. The illustrations are 159 in number and will be found very valuable to the reader. The print is clear and easily read as might be expected from such reliable publishers. The work can be heartily recommended particularly to that class for which it has been especially written—the general practitioner.

THE INTERNATIONAL MEDICAL ANNUAL FOR 1900.—Price $3.00. Published by E. B. Treat & Co., 241-243 West 23rd. Street New York.

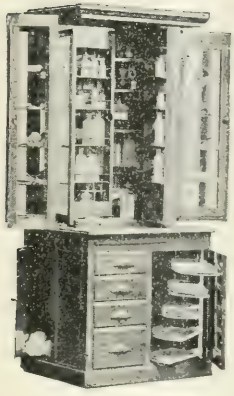
Another Annual has come as a welcome arrival, and what we have stated previously can well be repeated, viz, that each number is in some respects an improvement on its predecessor. Any practitioner who aims to keep himself versed in the best methods of treatment, must of necessity be a regular subscriber to the Annual. Dr. Murrell again gives the Review of Therapeutic Progress for 1899 which occupies about sixty pages. Among the topics referred to, are the good effects of formalin in inoperable malignant growth, holocaine as a local anæsthetic, hyoscine in paralysis agitans, and several pages on toxins and antitoxins. New Treatment as might be expected comprises most of the pages of the Annual, while each department has the usual number of well-known contributors. Notes of Legal Discussions is a useful summary of interesting cases in which medical men have been involved. It is not necessary to go further into detail as to the merits of the Annual, since its usefulness has long been engraved in the minds of the great majority of physicians.

SANMETTO IN CHRONIC ORCHITIS.—J. A. Stothart, M. D. Savannah, Ga., reports the following case: "During November, 1898, a Greek fruit vendor called at my office, suffering with chronic orchitis. The patient stated that the first attack occurred four years prior to this time. During the four years there had never been more than two and a half months between the attacks. He had been under treatment most of this time, and several times in the hospitals, and had been discharged as cured by several physicians. The testicle had almost arrived at the condition of ossification, but at no time had there been any pus formation. I prescribed sanmetto, and directed that the treatment be continued for two or three months. My treatment was carried out to the letter, and there has never been any return of the trouble since beginning the use of sanmetto. I have used sanmetto in other urethral troubles with very satisfactory results."

Caution Regarding Heroin.—The April *Druggists' Circular and Chemical Gazette* says in substance: Under the above heading, we mentioned in our March issue two cases in which persistent vomiting followed the use of this drug, in one of which a fatal termination was at least partly chargeable to this action. These cases, as we stated in our note, were reported by Dr. Thomson in the *New York Medical Journal*. This report has brought to the *Journal* from Dr. Wm. J. Robinson, a statement of two cases in his own practice, of a similar nature. Dr. Robinson suggests that there is a possibility that heroin, which is diacetyl-morphine, may in such cases have become transformed into apomorphine or some similar body. Dr. Manges calls attention in the same journal to a statement of his in a report on a study of heroin, that "vomiting might occur after its use." He makes it a rule to tell patients that when vomiting does occur to discontinue the drug. The doses given in the case that ended fatally he thinks were excessive. These new statements add further proof to the uncertain action of the drug; and we think that it is quite plain that it needs more watching than opiates in general. The untoward and even serious after-effects of heroin bring forcibly to mind the many excellent and time-tried remedial qualities of codeine—always safe, always certain and uniform. The combination of codeine with antikamnia presents a most desirable mode of obtaining the full value of these two excellent remedies, and there is no better form in which to exhibit them than in the well known antikamnia and codeine toblets, each containing four and three-fourths grains antikamnia and one-forth grain codeine.

Ovarian Neuralgia.—The predisposing ætiology of this complaint is often so obscure and even the immediate cause so apt to be veiled with reflex disturbances, that scientific procedure in treatment of these cases, in the very nature of things, too often gives way to a pernicious empiricism in which opiates are resorted to. Nothing could be more vicious. The ease with which a large percentage of patients are made habituates of the opium or morphine habit should deter the doctor from the use of these drugs. On the other hand various methods of operative interference are practiced without due consideration and very unjustifiably. The vast majority of these cases where there is no organic impingement readily yield to a very simple form of treatment. It has been my happy experience to give relief most promptly not only, but to restore the nervous equilibrium with the judicious use of five-grain antikamnia tablets, applying moist or dry heat to the parts and insisting on a reasonable amount of rest in recumbent position. In rare cases where the pain is particularly sharp and attacks frequent, I have found it advantageous to administer the antikamnia and codeine tablets. The great advantage I desire to emphasize is that any patient can take the five-grain antikamnia tablets with perfect safety —they impart no tendency to produce habit and do not depress the heart as is the case with other coal tar derivatives. The average dose is from one to two tablets repeated often as occasion demands.

T. B. Selmen, M. D., A. N. C.,
Texas.



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Medical Society of Nova Scotia.

32nd ANNUAL MEETING.

The Annual Meeting will be held in Amherst, Wednesday and Thursday, July 4th and 5th, commencing at 2 p. m. on Wednesday. All who intend reading papers or presenting cases at this meeting must notify the secretary before June 5th, 1900.

D. MACKINTOSH, M. D.,
President,
PUGWASH, N. S.

W. S. MUIR, M. D.,
Hon. Secretary,
TRURO, N. S.

1900.

Maritime Medical Association.

TENTH ANNUAL MEETING.

The Annual Meeting will be held in St. John, N. B., on Wednesday and Thursday, July 18th and 19th.

Extract from Constitution :

"All registered Practitioners in the Maritime Provinces are eligible for membership in this Association."

All who intend to read papers at this meeting will kindly notify the Secretary as early as possible.

JAMES CHRISTIE, M. D.,
President,
ST. JOHN, N. B.

GEO. M. CAMPBELL M. D.,
Hon. Secretary,
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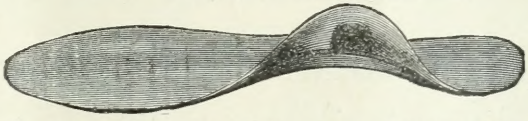

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